Michigan Department of Agriculture

Pesticide & Plant Pest Management Division Telephone: (517) 373-1075 Fax: (517) 335-4540

Application for Registration of Organic Handlers/Producers

In accordance with Act 316 of 2000, Sec. 19 (1) Expires December 1, 20___

COMPLETE ALL APPLICABLE BLANKS AND BOXES. SIGN AND DATE BACK OF FORM ✓ the appropriate box New Renewal Federal I.D. Number **Date** Applicant/Company Certificate of Assumed Name (if applicable) Street Address **Mailing Address** County City, State, Zip Code Responsible Party (The person who would be contacted if there were questions about this application or other organic-related issues) Title: Telephone Fax E-Mail Address Type of Business **Certifying Agents Name Certifying Agents Address Certifying Agents Name Certifying Agents Address Certifying Agents Name Certifying Agents Address**

^{****}Please complete FORM A,Organic Agricultural Products list****

Fee schedule is as follows:				
Gross Organic Sales	Registration Fee	Check Appropriate Box		
\$0-\$5,000	\$10			
\$5,001-\$25,000	\$25			
\$25,001-\$100,000	\$50			
\$100,001-\$500,000	\$100			
\$500,001-\$1,000,000	\$200			
\$1,000,001-above	\$400			
Please provide support documentation (sales information from the past 12 months), which will enable MDA to verify the amount of the registration fee.				

I hereby certify that the information above knowledge.	ve is true and accurate to the best of my
Applicant (Signature)	 Date
Please Print Name	Title

Please submit this form with other attachments and a check made out to "State of Michigan" for completion of registration to the address below:

Colleen M. Collier
Michigan Department of Agriculture
Pesticide & Plant Pest Management Division
P.O. Box 30017
Lansing, MI 48909

PI-225 (10/04) **FORM A**

Organic Agricultural Products

Please list all brands, agricultural products or both that are sold or offered for sale as organic:		